

# Verifying CPA – Experience Verification By Licensing Authority

## Board of Accountancy Washington State



### Mail to:

Washington State Board of Accountancy  
PO Box 9131  
Olympia, WA 98507-9131 Phone:

Contact: Lori Mickelson, Initial License Administrator  
(360) 586-0784 Email: [lorim@cpaboard.wa.gov](mailto:lorim@cpaboard.wa.gov)

### INSTRUCTIONS

If the verifying CPA who is signing your Experience Affidavit does **not** hold a Washington State CPA license, and/or has not been licensed to practice public accounting in Washington State for at least five years, this form must be completed by the licensing authority in the jurisdiction where the verifying CPA is certified/licensed/permitted to engage in the practice of public accounting. **You are advised to check with that licensing authority before forwarding this form to determine if there is a fee or if additional requirements need to be met before the information will be released.**

### SECTION A. To be completed by applicant

After completing Section A, submit this form for verification to the State Board of Accountancy where the verifying CPA holds a certificate/license/permit to practice public accounting (not the Washington State Board of Accountancy). **Please note: the practice of public accounting must include the ability to issue compilation, review and audit reports.**

Please type or print legibly:

Applicant's Last Name	First Name	Middle Initial	Maiden Name
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#### Verifying CPA Information

Verifying CPA's Last Name	First Name	Middle Initial	Maiden Name
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Verifying CPA's Certificate/License/Permit Number	State of Issuance
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### SECTION B.

To be completed by the board of accountancy where the above verifying CPA is certified/licensed/permitted to engage in the practice of public accounting, and mailed directly to the Washington State Board of Accountancy at the above address.

By completion of this form, I acknowledge that the above-referenced verifying CPA was certified/licensed/permitted to engage in the practice of public accounting during the periods specified below. **Please note: the practice of public accounting must include the ability to issue compilation, review and audit reports.**

I certify that \_\_\_\_\_, certificate number \_\_\_\_\_ is currently certified/licensed/permitted to practice public accounting in the state of \_\_\_\_\_. This individual held a certificate/license/permit to engage in the practice of public accounting in this state during the following period(s): \_\_\_\_\_

Date initially licensed in your state: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Comments: \_\_\_\_\_

OFFICIAL  
BOARD SEAL

Board

Board Official Signature

Title

Date

Revised October 27, 2005